



We Insure ... You Recover

Recovery Insurance Services Application

Applicant Name _____ Phone Number _____

Mailing Address _____ FEIN #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Years In Business: _____ Years Repossession Experience: _____

Current Insurance Carrier: _____ / Proposed Effective Date: _____

Locations (List All): _____

Description of Operations: _____

Estimated Annual Recovery Revenue: _____ # of Recoveries for projected year: _____

of Recoveries by Key Start (Drive Away): _____ by Tow: _____
% Voluntary ____ % Involuntary ____

COMPLETE: % of recoveries by category
private passenger ____% / commercial vehicles ____% / recreational vehicles ____% / heavy equipment ____%

Do you perform other services for income? (i.e. body shop, sales of automotive parts, used car sales, new car sales, tire sales, recap tire sales, public parking) _____

1. How many drivers where terminated in the last twelve months? _____
2. What is your minimum hiring age for drivers? _____

- Yes No Are background checks completed before hiring?
- Yes No Are applicants road tested in the type of vehicles they will be operating?
- Yes No Are police records checked before hiring?
- Yes No Do you have a written and enforced policy prohibiting employees from carrying weapons on their person or in a vehicle? (If Yes, Please Attach A Copy)
- Yes No Do you have a formal policy regarding INVASION of PRIVACY and methods of handling a HOSTILE DEBTOR? (If Yes, Please Attach A Copy)

Number of Staff: _____ Total: _____ Full Time: _____ Part Time: _____

No. of Drivers: _____ / Estimated Payroll: _____

No. of Adjusters: _____ / Estimated Payroll: _____

No. of Office Emp: _____ / Estimated Payroll: _____

What work do you sub-contract to others? Explain: _____

- Yes No Do you require certification of liability insurance with limits equal or higher than yours?
- Yes No Do you provide or perform services as a sub-contractor for other tow truck operators, recovery agencies, or other business operations?
- Yes No Do you provide Workers Compensation for all employees including drivers?
- Yes No Do you issue any Employee or Independent Contractor a 1099? If Yes, to whom?
- Yes No Are the tow trucks or service vehicles used for towing equipped with a 'transformer' or 'dynamic' towing system or similar automatic or in cab operated hook-up capabilities?
- Yes No Do you obtain a written authorized assignment for each recovery?
- Yes No Does your state require a license? If yes: License # _____

Describe Lot Security:

- Lot 1:** Fenced / Secured Alarm System Watchmen Canine Lighted
- Lot 2:** Fenced / Secured Alarm System Watchmen Canine Lighted
- Lot 3:** Fenced / Secured Alarm System Watchmen Canine Lighted
- Lot 4:** Fenced / Secured Alarm System Watchmen Canine Lighted
- Lot 5:** Fenced / Secured Alarm System Watchmen Canine Lighted
- Lot 6:** Fenced / Secured Alarm System Watchmen Canine Lighted

- Yes No Do you engage in auto or equipment dismantling?
- Yes No Do you operate tanker trucks?
- Yes No Do you sponsor a racing vehicle?
- Yes No Is a police report required in your state on all recoveries and repossessions? If YES, what is the time limit to report?

Are filings required? Y/N Provide Names/Address: ICC _____ / MC # _____ / PUC _____

How many of the following PLATES do you have issued to your agency?

- A: Dealer Plates:
- B: Transportation Plates:
- C: Repossessor Plates:
- D: Other Plates:

Yes No Are personal effects and personal property of others recovered and secured?

Yes No Do you inventory those personal effects?

Yes No Do you recover refrigeration/freezer units with cargo?

COVERAGES: (Circle Coverages Requested for Quote)

Coverage: Circle One

Limits Requested

Liability Limit (CSL)	\$1,000,000	\$2,000,000	Other:
Medical Payments	\$5,000	\$10,000	Other:
PIP	\$5,000	\$10,000	Other:
Uninsured Motorist	\$1,000,000	\$2,000,000	Other:
Underinsured Motorist	\$1,000,000	\$2,000,000	Other:
Comprehensive Deductible	\$500	\$1,000	\$2,500
Collision Deductible	\$500	\$1,000	\$2,500

Miscellaneous Towing & Recovery Equipment	Describe

On Hook Cargo Limit: Circle One:

\$75,000	\$100,000	\$250,000	\$500,000
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Operations Coverage – General Liability – INCLUDED

CSL	Aggregate (3x primary)	Premises Med Pay Limit	
\$1,000,000	\$3,000,000	\$5,000	

GarageKeepers Limit (DIRECT PRIMARY): Circle One:

\$375,000	\$500,000	\$1,000,000
CMP/COLL: \$1,000	CMP/COLL: \$1,000	CMP/COLL: \$1,000

Personal Effects of Others Limit: Circle One:

\$2,500	\$5,000	\$10,000
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Dealer Plates

Year	Tag#
Year	Tag#
Year	Tag#
Year	Tag#

VEHICLES

Year	Make / Model	GVW	Stated Value	Radius
Vin# (17 digits)		Comp Deductible	Coll Deductible	

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EMPLOYEES

First Name		Middle Initial		Last Name		Date of Birth		Repo Experience	
<input type="checkbox"/> Driver	<input type="checkbox"/> Office Empl	<input type="checkbox"/> Full Time	Date of Hire		Driver License		Years Licensed		
<input type="checkbox"/> Adjuster	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Part Time							

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